

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046833

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 367 Primary Registration District No. 16234 Registrar's No. 68

FILED DEC 9 1963

1. PLACE OF DEATH

a. COUNTY Warren

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Elkhorn township

Length of stay in lb
4 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Warren

c. CITY OR TOWN Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION N.W. of Warrenton

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
R.R.#1, Jonesburg
Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
William John Smith

4. DATE OF DEATH
Month Day Year
Dec. 5, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-27-1888

9. AGE (last birthday)

75

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Boston, Mass.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

? Smith

13b. MOTHER'S MAIDEN NAME

unknown.

14. NAME OF HUSBAND OR WIFE

Anna Nestelhut, decd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Elsie Grant

Address R.R. #1

Jonesburg, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CACHEXIA, CARCINOMATOUS
CARCINOMATOSIS

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 19 NOV 63 to DATE OF DEATH and last saw him alive on 5 DEC 63
Death occurred at 6:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Jonesburg, Mo.

22c. DATE SIGNED

6 DEC 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-7-63

23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

23d. LOCATION (City, town, or county)

Warrenton, Mo.

24. FUNERAL DIRECTOR

ADDRESS

F.W. Nieburg & Co., Warrenton, Mo.

25. DATE RECD. BY LOCAL REG.

Dec. 6, 1963

26. REGISTRAR'S SIGNATURE

Floyd Logan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DEC 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Danny J. Martin

Licensed Embalmer No. 5222

P. O. Address Warrenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.